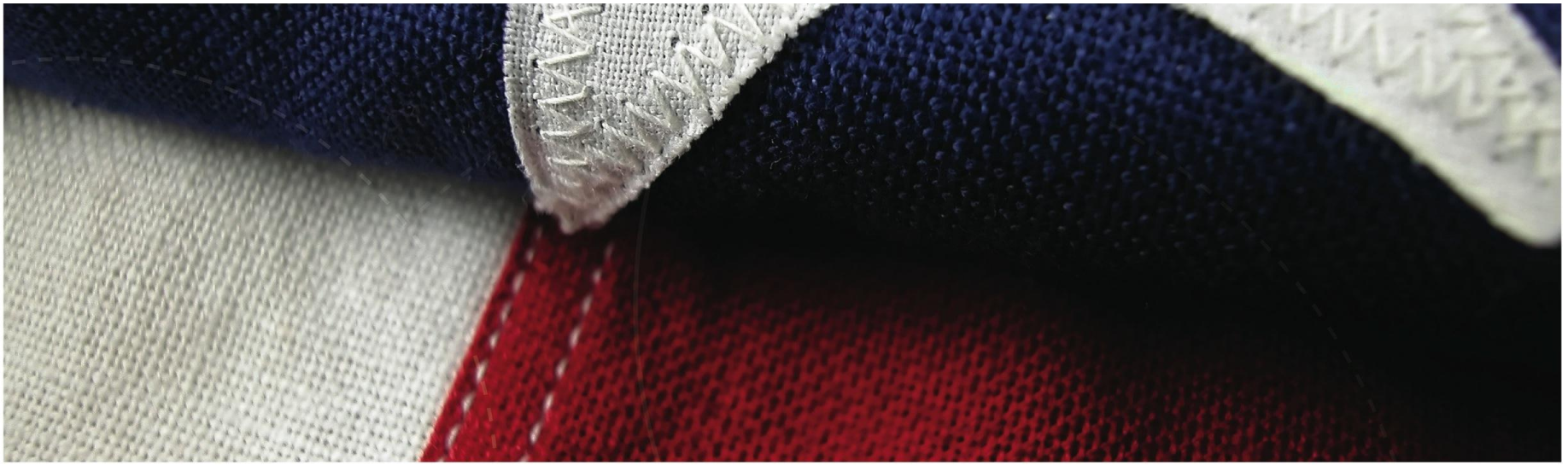

Eligibility, Medical Benefits and Purchased Care Overview

Gregory (Greg) N. Eslinger
Veterans Health Administration
Chief Business Office
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Defining EXCELLENCE in the 21st Century

Overview

- Basic Eligibility for VA Health Care
- Income Thresholds
- Medical Benefits Package
- Basic Eligibility for Beneficiary Travel
- Purchased Care Programs
- Questions

Definition of Veteran for VA Purposes

- Veteran is a person who:
  - Served in the active military
  - Discharged or released under conditions other than dishonorable
- Former or current Reservists if they served for the full period for which they were called (excludes training purposes)
- Former or current National Guard members if activated/mobilized by a Federal order

Establishing Eligibility for VA Health Care

- Contact VA –
  - Call 1-877-222-VETS (8387) or
  - Use the web (www.va.gov/healthbenefits) or
  - Visit nearest VA clinic or medical center

- VA has the capability to verify a Veteran's basic eligibility information, such as:
  - Time in service
  - Any service connected disabilities as rated by Veteran Benefits Administration (VBA)
  - Combat-related eligibility and/or disability

Income Thresholds

- Certain Veterans are required to complete a financial assessment (i.e. Means Test) to determine VA copayment status
- Uses Veteran's household income, including spouse and dependents prior year income and assets, for financial assessments
- Updated each calendar year based on the income limits established by U.S. Department of Housing and Urban Development (HUD)
    - VA Means Test Threshold
    - VA GMT (Geographically adjusted) Means Test Threshold (based on geographic areas)

- http://www.va.gov/healthbenefits/cost/financial_assessment.asp

Copayment Charges for Certain Veterans

- Veterans may be responsible for copayments for certain types of services provided by the VA
- Copayment amounts vary depending on type of service rendered and financial assessment
- Copayments include:
  - Outpatient Copayments
  - Inpatient Copayments
  - Medication Copayments
  - Extended Care Services Copayments (e.g. community living center or nursing homes, adult day healthcare, geriatric evaluations, etc.)
- No copayments and no insurance billing for treatment of service connected conditions

What is a Service Connected Condition?

- Service Connected (SC) refers to the Veterans Benefits Administration (VBA) determination (rating) that a Veteran's illness or injury was incurred in or aggravated by military service
- VBA establishes a degree of disability for each SC condition represented by a percentage
- Veteran may have more than one adjudicated SC condition
- If the primary rated condition worsens over time, Veteran is encouraged to have VBA complete a reassessment of rated disabilities

What does SC % Rating Represent?

- Percentage assigned to each rated condition as far as can practically be determined:
  - Average impairment in earning capacity resulting from such diseases
  - Injuries and their residual conditions impact on civil occupations
- SC percentages determine the compensation the Veteran receives
- Whether a Veteran is 0% SC or 100% SC for a condition, the visit will be marked as SC if the rated condition is treated
- If a Veteran is 100% SC for a condition, it doesn't mean he/she is SC for all illness or injuries, just the rated condition

Enrollment Priority Groups (PGs)

- Established a system of patient enrollment that designates Veterans by priority groups
- Priority groups are numbered 1-8 and group Veterans based on their service connection or other special eligibilities
- As a whole, priority groups have similar characteristics regarding eligibility for care and copayment requirements
- Once enrolled in a priority group, Veterans have access to all services included in the Medical Benefits package

Enrollment Priority Groups (PGs)

- **PG 1**: Service connected (SC) 50% or more, or unemployable due to SC
- **PG 2**: SC 30% or 40%
- **PG 3**: SC 10 - 20%, Medal of Honor, Purple Heart, Former POWs, discharged due to service disability, awarded special eligibility under 38 U.S.C. 1151
- **PG 4**: Receiving aid & attendance, housebound or VA pension benefits, or determined to be catastrophically disabled
- **PG 5**: NSC & 0% SC noncompensable Veterans with income below threshold, or receiving VA pension and/or eligible for Medicaid benefits

Enrollment Priority Group (PG) 6

- 0% SC conditions and receiving VA compensation

- Served in:
  - Combat in a war after the Gulf War or during a period of hostility after November 11, 1998 for 5 years following discharge or release from the military
  - Republic of Vietnam
  - SW Asia theater of operations between:

    8/2/90 – 11/11/98

- Seek care for:
  - Disorders relating to Ionizing Radiation
  - Conditions related to participation in Project 112/SHAD

Combat Veteran Eligibility

- Served on active duty in theater of combat after effective date of legislation, November 11, 1998

- Service in theater of operations established by:
  - Proof of receipt of Global War on Terrorism Expeditionary Medal or similar medal demonstrating service in Afghanistan, Iraq or other combat locations
  - Copy of orders or some other documentation indicating service in a combat theater
  - Proof of receipt of hostile fire, imminent danger pay or combat pay tax credit

Combat Veteran Eligibility

- Enhanced enrollment placement into Priority Group 6 (if not eligible for higher priority group) for five-year period following military service separation
- Copayment-free care for conditions determined possibly related to theater of operations during the post five-year discharge period
- Must apply within five years of discharge/release from active duty to receive the benefit
- Continuous enrollment after 5 years (even if assigned a lower priority group)

Enrollment Priority Groups (PGs) 7 & 8

- **PG 7**:
  - Income BELOW the geographic means test (GMT) income thresholds and
  - Income ABOVE the VA national income thresholds
  - Agree to pay VA copayments
- **PG 8**:
  - Effective June 15, 2009, Veterans with income 10% or less ABOVE the VA national means test threshold or GMT threshold
  - Note: Enrollment restrictions still apply to Veterans with income ABOVE 10% of the VA national means test threshold or GMT threshold
  - Agree to pay VA copayments

Veterans with Other than Honorable Discharges

- “Other than Honorable” or “Bad Conduct” discharges generally prevent eligibility for VA health care
- Determination made by Veterans Benefits Administration if discharge is a complete bar to benefits or if limited health care eligibility exists for service-incurred or service-aggravated disabilities
- Until determination is made, only emergency treatment made be provided and Veteran should be counseled that they may be responsible for payment if later determined to be ineligible

VA Comprehensive Medical Benefits Package

- Benefits include:
  - Preventive Care Services
  - Inpatient and Outpatient Diagnostic and Treatment Services
  - Prescription Services
    - Prescribed by VA Physician
  - Prosthetic and Rehabilitative Devices
    - Includes Durable Medical Equipment
- Once enrolled, Veterans have access to the complete Medical Benefits Package

VA Comprehensive Medical Benefits Package

- Benefits **NOT** included:
  - Abortion or abortion counseling
  - In vitro fertilization
  - Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless used under approved clinical research trials
  - Gender alterations
  - Hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services
  - Membership in spas or health clubs

Beneficiary Travel Overview

- VA is authorized to provide eligible Veterans mileage reimbursement or when medically indicated “special mode” (ambulance, wheelchair van) for travel to and from VA, or VA authorized health care

- Beneficiary Travel eligibility is based on SC, low income, or special eligibility, including:
  - Rating of 30 percent or more SC
  - Traveling for treatment of a SC condition
  - Receipt of a VA pension
  - Income does not exceed the maximum annual VA pension rate
  - Travel for a scheduled compensation or pension examination

Beneficiary Travel Overview - Mileage

- Mileage reimbursement rate Congressionally mandated in PL 111-163 at $0.415 per mile
- Reimbursements subject to deductibles with a calendar month cap
- Deductible may be waived if it creates a hardship once certain income criteria are met for both non-service connected and service connected Veterans

Purchased Care Programs

- VHA Chief Business Office for Purchased Care (CBO-PC) business line supports and augments the delivery of health care benefits through enterprise program management and oversight of Purchased Care services.
  - **Civilian Health And Medical Program of VA (CHAMPVA):** health benefits for spouse/dependents of certain Veterans
  - **Spina Bifida (SB):** health benefits to the children of Vietnam Veterans diagnosed with Spina Bifida
  - **Children of Women Vietnam Veterans (CWVV):** health benefits to children of female Vietnam Veterans when the children are diagnosed with a covered birth defect

Purchased Care Programs

- **Foreign Medical Program (FMP):** health benefits for service connected Veterans residing or traveling overseas
- **National Fee Program:** enterprise management of the purchase of health services when unavailable at VA facilities
- **Contract Management**: centralized management of contracts covering areas such as commercial repricing agents and recovery audits.
- **Project Healthcare Effectiveness through Resource Optimization (HERO):** demonstration pilot to utilize large scale contracting to improve the oversight of Fee Care
- **State Home Program:** partnership with State governments to provide long-term care to Veterans; managed by State governments with some financial assistance from VA

Why VA Purchases Care

• Ensure complete continuum of quality care when VA does not have internal resources available

- Unable to access VA health care facilities
- Demand exceeds VA health care facility capacity
- Need for diagnostic support services for VA clinicians
- Need for scarce specialty resources (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space)
- Satisfying patient wait-time requirements
- Ensure cost-effectiveness for VA (whereby outside procurement vs. maintaining and operating like services in VA facilities and/or infrequent use is more appropriate)

Authorities Governing the Purchased Care Program

- 38 USC 1703: Pays for preauthorized inpatient and outpatient emergency, routine, and diagnostic medical care for certain Veterans

- 38 USC 1728: Pays for emergency care provided to service connected Veterans that was not preauthorized

- 38 USC 1725: Pays for emergency care provided to non-service connected Veterans enrolled in VA health care

- 38 USC 8153: Provides the authority for a VA facility to enter into a contract or other form of agreement with Non-VA health care entities to secure health care services that are either unavailable or not cost-effective at the VA facility.

REGULATION SPECIFIC TO WOMEN VETERANS

- Women Veterans are eligible for preauthorized hospital care under the Code of Federal Regulations (38 CFR) 17.52(a)(4)

VA Care and Other Health Plans

- VA is required by law to bill any health insurance carrier that provides coverage for Veterans, including policies held by a spouse
  - Exception: care for Veterans who are entitled to specified health care benefits for service connected conditions

- When VA purchases health care for a Veteran from the community – VA cannot share costs with any other health plan
  - Exception: VA may share costs for some emergency events partially covered by automobile liability coverage under PL 111-137

- VA is not authorized to reimburse emergency health care costs of non-service connected events of Veterans who have other Health Plans (Medicare, Medicaid, etc.) or third party liability

- Copays remain in place as if care was provided within a VA facility

Emergency Care

- When a Veteran seeks emergency care at a non-VA facility, the non-VA provider should contact the closest VA facility promptly (within 72 hours):
  - Notify VA of Veteran treatment/admission
  - Verify eligibility of Veteran for reimbursement of claim and identify the VA of jurisdiction to submit claims
  - Obtain instructions for transfer of VA patient to VA

Questions